

**Enterprise Zone Course Addition/Revision - Approval Request
(Attachment 4)**

To: Michelle Fehr
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Enterprise Zone Retraining

From Tech College Contact:
Phone Number:
Email Address:

RECOMMENDED ADDITION TO APPROVED ENTERPRISE ZONE TRAINING PLAN

Company Name:

Address:

Send Approval To:

Email Address:

Phone Number:

TR (Track Number):

- **Course Title:** *List the course title for the short-term or long term training program.*

- **Training Provider:**

Technical College

Company

Vendor

OJT (requires attachment 3)

(Note: Prior to implementation of On-The-Job training, submit this form along with a revised training plan. At the conclusion of each training, submit Attachment 3 which includes the roster and training timeframes (beginning and ending dates).

- **If the Technical College is not providing this training, please explain:**

- **Estimated number of course hours:**
- **Estimated number of eligible employees:**
- **Estimated course cost:**
- **Course Description:**

Enterprise Zone Course Addition/Revision - Approval Request - *Continued*
(Attachment 4)

- **Training Modules/ OJT Task List:** *List the titles of each learning module or OJT task list being provided in the course.*

- **Core Learning Competencies/Outcomes:** *What will the student be able to do at the end of the short-term or long-term course?*

- **Justification:** *How does the training qualify?*

This addition is approved by:

_____ **Date:** _____
Company Representative

_____ **Date:** _____
Technical College Representative

_____ **Date:** _____
SC Technical College System